WHAT MAKES HTA DIFFERENT?

Our Promise to our Clients:

- No unwanted phone calls
- No pushy sales agents
- We are on your team!

We Simplify Medicare and how it works with your Medicaid benefits

- Unlimited professional support
- Specializing in Medicare for over 20 years
- Access to over 20 insurance companies



- Salaried Advisors
- Not commissioned based
- Unbiased Advice
- NO pressure to buy



This is a complimentary service!



NO COST to YOU, FAMILY or FRIENDS NATIONWIDE SERVICE

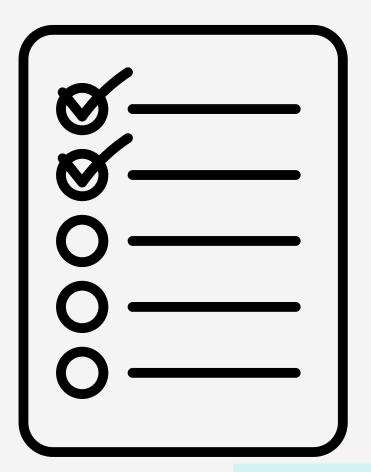
Our only request:

Please allow us to help with your paperwork!

- HTA is paid by the insurance companies -

- You do not pay higher premiums with HTA
- Our service continues after enrollment

Medicare Transition Timeline



Planning Stage:

4-6 months prior to desired start date

- Stop HSA contributions if over age 65 and still contributing
- Schedule and complete Medicare Roadmap Appointment with HTA Advisor
 - Discuss your personal situation
 - Determine timeline and method for Part A/B enrollment
 - Review insurance coverage options and needs analysis

Enrollment into Part A and/or B:

2-3 months prior to desired start date

- Create SSA.gov account
- Have HR complete Employment Information form (if applicable)
- Apply for Medicare A/B through Social Security (if applicable)

Insurance Plan Enrollment

1 month prior to desired start date

- Schedule enrollment appointment with HTA Advisor (if not already scheduled)
- During appointment- HTA advisor will complete with you the applications for desired insurance coverages- Dual Special Needs Medicare Advantage, Prescription, Etc.



The Alphabet Soup of Medicare

4 Parts = Comprehensive Medicare Plan Design

- Part A (Hospital Insurance)
- Part B (Medical Insurance)

Add Secondary Insurance:

- Medicaid
- Part D (Prescription Drug Coverage)

OR

 Dual Special Needs Advantage Plans w/prescription drug coverage(Part C)

How to Enroll

Parts A & B through the Social Security Administration

Part D and C enroll through HTA

*Please note: State Medicaid Pays your Medicare Part B premium



Medicare Part A



Hospital Admission = Inpatient

Helps Cover:

- Inpatient care in hospitals
- Skilled nursing facility care (limited)
- Hospice
- Home health services (limited)

No cost

(provided you or your spouse have worked a minimum of 40 quarters)

Medicare Part B



Medical = Outpatient

Helps Cover:

- Doctors & Specialists
- Diagnostic Testing-Lab, Xray, MRI, CT
- Outpatient-Surgery, Chemo, Radiation
- Non-Inpatient Hospital-ER & Observation
- Durable Medical Equipment
- Some Preventative Services & Vaccines

Standard Premium 2025 = \$185.00

(premiums are based on income and paid by Medicaid)

Out of Pocket Costs for Medicare

Inpatient <

Outpatient <

Part A Deductible Per benefit period-similar to per admittance	\$1,676	
Part A Hospital Copay		
Days 61-90 (per day)	\$419 \$838	
Days 91+ (60 Reserve Days)		
365 Lifetime Days	100%	
Skilled Nursing Facility Copay		
Days 0-20 (per day)	\$ 0	
Days 21-100 (per day)	\$209.50	
Days 101+	100%	
Part B Deductible Per calendar year	\$257	
Part B Coinsurance No Cap on Out of Pocket Risk	20%	
Part B Excess Charges No Cap on Out of Pocket Risk	15%	
Foreign travel emergency	100%	
Out of Pocket Maximum	no cap	



What is not covered by Medicare

Not covered by Medicare *

Dental, Vision, Hearing Routine Foot Care Cosmetic Surgery Long Term Care

*some medical exceptions apply

Coverages Available Through HTA

Dental, Vision, Hearing
Short Term Care (Recovery Care)



"Part C"

OR

Medicaid

All in One Replaces Medicare A&B Card

al la carte Secondary to Medicare A&B Card

Medicaid pays Part B premium

DSNP

Medicaid







Claims go to Insurance Carrier

Claims go to Medicare



Medicaid's Special Category- Dual Eligible

Dual eligible beneficiaries are placed into one of the dual eligible categories. Let's take time to review the diagram below to review the help dual eligible beneficiaries get:

Part A Premium- most do not have a Part A premium. Some are not eligible for premium-free Part A and will have a premium. A "yes" in the column means Medicaid covers any Part A premium if they have one.

Part B Premium- all have to pay a monthly premium for Part B. A "yes" in the column means Medicaid covers the Part B premium.

Medicare Cost Sharing- cost sharing includes copays, coinsurance, and deductibles for Medicare Part A and Part B services. Beneficiaries who get Medicare Cost Sharing are known as being "cost-share- protected". A "Yes" in the column means Medicaid helps with paying for Part A and Part B services.

Full Medicaid Benefits- these benefits include services and supplies that the state Medicaid program covers that are not Medicare covered services. A "Yes" in the column means the dual eligible receives those services and supplies that their Medicaid program offers that Original Medicare does not.

				FBUE & SLWB FILS	
		Assistanc	е Туре		
		Part A Premium	Part B Premium	Medicare Cost Sharing	Full Medicaid Benefits
	Medicaid Only (FBDE)	No	Yes	No ***	Yes
	Qualified Medicare Beneficiary (QMB)	Yes	Yes	Yes	No
indiana and during control	Qualified Medicare Beneficiary Plus (QMB Plus)	Yes	Yes	Yes	Yes
0	Specified Low Income Beneficiary (SLMB)	No	Yes	No	No
1	Specified Low Income Beneficiary Plus (SLMB Plus)	No	Yes	No ***	Yes
	Qualifying Individual (QI)	No	Yes	No	No
	Qualifying Disabled Working Individual (QDWI)	Yes	No	No	No

*** Some states cover Medicare Cost Sharing for this category too***

Medicare Cost Sharing- if the dual eligible has Original

Medicare and Medicaid, Medicare is the primary payer and

Medicaid is the secondary payer.

If the dual eligible has a Medicare Advantage plan, the plan is the primary payer and Medicaid is the secondary payer.

Medicaid is always the payer of last resort.

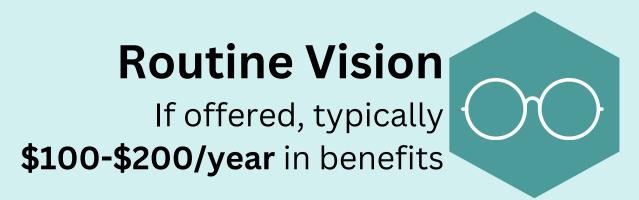
EXTRAS advertised on TV

Medicare Advantage Plans may include:



Dental

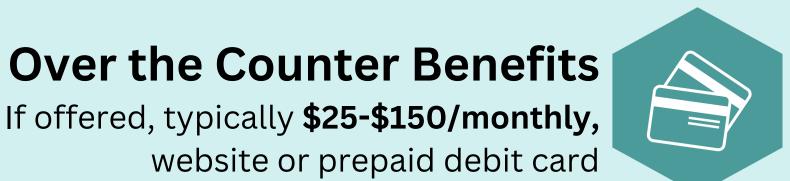
If offered, typically \$250-\$4,000/year in benefits





Gym Memberships

If offered, typically **free memberships** at participating gyms



G

Grocery Allowance

If offered, typically has restrictions for **certain diagnosis**

Flex Cards

If offered, typically **\$25-\$200/quarter** website or prepaid debit card



Medicare Part D

MA = Purchase a Medical Plan that INCLUDES Part D benefits

MS = Purchase a Standalone Part D
Plan for extra cost

What we need

- List of meds including dosage & frequency
- Name of Pharmacy

What we provide

- Report showing the anticipated costs of your medications
- Annual Review during AEP 10/15-12/7

Deductibles and Copays vary by plan
Plans cover different medications
Plans rank medications in different tiers



UNDERSTANDING PART D STAGES

Up to \$590

Some tiers may not apply

Deductible

Pay Total Retail Cost

<\$2,000

Based on Retail Cost

Initial Coverage

Pay Copay/Coinsurance

>\$2,000

Based on Total Out-Of-Pocket

Catastrophic Coverage

You pay 0% for remainder of year

2025 LIS Copays

Out-of-pocket drug costs

Subsidy Levels	Deductible	Copayment*
Level 1	\$ O	\$4.90/\$12.15
Level 2	\$O	\$1.60/\$4.80
Level 3	\$O	\$0/\$0

Dental, Vision and Hearing





Insurance Plans help Cover:

- Dental cleanings, fillings, major services (Ex: Crowns)
- Routine eye exams
- Reimbursement for glasses/contacts
- Hearing aids, exams for fitting them*

Schedule an appointment to discuss these benefits with HTA

*Not all plans cover hearing.

HTA Is Here For Your Additional Insurance Needs

*Not available in all states.



Coverage That Complements Your Life

- Dental
- Vision
- Travel
- > Short Term Care
- Auto
- Home
- > Pet Insurance



Schedule a consultation with an HTA Advisor to discuss your options.

Next Steps:

- Enroll in Medicare Part A and/or B
- Review documents from HTA Advisor
- Schedule enrollment/Follow-up appt with HTA Advisor

We make it ensy!

Did you find this meeting helpful? Leave a Google Review!



